FILED JUL 1 1941

V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23007

Registration District No. 887 Primary Registration District No. 6187 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Washington Mrin. 110

(b) City or town Old Mines Mo. 0
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash
(c) City or town Old Mines
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary E. Palette

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband Marcial Palette 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept (Month) 10 (Day) 1882 (Year)

8. AGE: Years 59 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Washington Ohio (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farm Work

FATHER
12. Name Florado Portell
13. Birthplace Washington Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Bausell
15. Birthplace Washington Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Marcial Portell
(b) Address Old Mines Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines

18. (a) Signature of funeral director Yoho
(b) Address Potosi

19. (a) Jun 25 41 (Date received local registrar) (b) G. F. Pressnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 7 minute 9 A.M.

21. I hereby certify that I attended the deceased from May 1 ~~June~~ 1941, to June 22 1941; that I last saw her alive on June 1 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Cerebral Hemorrhage~~	
Myocarditis	
Due to Following	
Due to Coronary occlusion	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. F. Pressnell (M. D. or other) D
Address Potosi Date signed 6/27/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.